MAILING INSTRUCTIONS: This form should be use through 4 should be considered where appropriate. All freceipt, the Patent, advances as included unless corrected specifying a new correspondence address; and/or (bigging a new correspondence address).	Washington, d for transmitting the ISSUE FEE. In the correspondence including the Ismaintenance fees will be mailed to the below or directed otherwise in Block indicating a separate "FEE ADDRIO with any corrections or use Block 1) HM42/1:	Blocks 1 ssue Fee e current 1, by (a) ESS" for	Note: The certificate of mailings of the Issue Fee for any other accompanying assignment or formal draw	Transmittal. This certific g papers. Each addition ing; must have its own o tificate of Mailing sue Fee Transmittal is t ervice with sufficient p	cate cannot be used all paper, such as an certificate of mailing. Deling deposited with stage for first class
MALIN HALEY DIMA ONE EAST BROWARD SUITE 1609 FORT LAUDERDALE (BLVD			J. BROWN	(Depositor's name) (Signature)
***			March	11,1999	(Date)
APPLICATION NO. FILING DAT			EXAMINER AND GROUP	ART UNIT	DATE MAILED
U8/611,764 037(18/96 005 P	'AΚ,	J	161	6. 1071070
First Named CLIMPTING,	OC HOS	4 177 .1	(b) term ext.		<u> 12/18/9</u>
ATTY'S DOCKET NO. CLASS-SUBO	OF MATTER FOR US				DATE DUE
	24-710.000 M88		LITY YES	\$605.00	03/18/99
1. Change of correspondence address or indication of "F Use of PTO form(s) and Customer Number are recomm Change of correspondence address (or Change of PTO/SB/122) attached. — "Fee Address" indication (or "Fee Address" Indication 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PPLEASE NOTE: Unless an assignee is identified belowed inclusion of assignee data is only appropriate when an the PTO or is being submitted under separate coverifiling an assignment.	nended, but not required. (1) the attorn the n members form pro/SB/47) attached. RINTED ON THE PATENT (print or type w, no assignee data will appear on the passignment has been previously submit	e names of agers or agers or a register a register and agers or agers or agers will be printed to the for	In the patent front page, list of up to 3 registered patent ents OR, alternatively, (2) a single firm (having as a stered attorney or agent) of up to 2 registered patent ents. If no name is listed, no name is listed, no name is listed, no name is listed, no name is listed. The following fees are end of Patents and Trademark issue Fee	DiMaggio 3 Rosed (make check pays):	
(A) NAME OF ASSIGNEE			b. The following fees or defic		ould be charged to:
(B) RESIDENCE: (CITY & STATE OR COUNTRY) Please check the appropriate assignee category indicated below (will not be printed on the patent) Individual corporation or other private group entity government			DEPOSIT ACCOUNT NUMBER(ENCLOSE AN EXTRA COPY OF THIS FORM) Usue Fee		
The COMMISSIONER OF PATENTS AND TRADEMARK		the applic	Advance Order - # of C	opies	
(Authorized Signature)	(Date)	20	and above.		
NOTE; The sue Fee will not be accepted from anyone or agent; or the assignee or other party in interest as short Trademark Office. Burden Hour Statement: This form is estimated to to depending on the needs of the individual case. Any of to complete this form should be sent to the Chief In Office, Washington, D.C. 20231. DO NOT SEND FE ADDRESS. SEND FEES AND THIS FORM TO: Bo Patents, Washington D.C. 20231	ther than the applicant; a registered atto vn by the records of the Patent and ake 0.2 hours to complete. Time will be comments on the amount of time requirements on Officer, Patent and Tradent ES OR COMPLETED FORMS TO Tox Issue Fee, Assistant Commissioned	vary ired nark HIS r for		60 GEVESSER	.4 5.00 OP 10.00 OP
Under the Paperwork Reduction Act of 1995, no person of information unless it displays a valid OMB control		tion .	·	IAR 1 7 1999	

0651_0033